

**Travel & Expense Account  
Transmittal Sheet**

**After Approval, Mail Receipts To**

HEADQUARTER ACCOUNTING  
P.O. Box 187019  
Sacramento, CA 95818



Employee Name	CATE, MATTHEW
Expense Dates	02/03/10-02/22/10
Total Expense Amount	610.61
Amount Due Employee	293.21
Form ID	TEA000608836

**DIRECTIONS FOR SUBMISSION**

1. *Attach the following receipts, and other appropriate documentation to this Transmittal Sheet.*

	Date	Expense Item	Amount	If not submitted - Explain
1)	02/03	Lodging	94.08	
2)	02/04	Lodging	94.13	
3)	02/22	Parking, Auto	15.00	

2. *Forward Transmittal Sheet and attached documentation through your approval process.*

I have reviewed the following documents.

Approved  
by:

Brett H MORGAN

## Travel & Expense Account Summary

Employee Name                      MATTHEW CATE  
Expense Dates                      02/03/10-02/22/10  
Report Name                        February 2010 Travel

Request Total \$      610.61  
Direct Charge Total -      317.40  
Travel Advances -      0.00  
Net Due Employee =      293.21

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	Stark	332.40
Regular Travel	CMC/Sheriffs	278.21

NOTE: (d)=Direct Charge

DATE	Wed Feb 3	Thu Feb 4	Fri Feb 5							TOTAL
Lunch	10.00	10.00	10.00							30.00
Dinner	18.00	18.00								36.00
Lodging	94.08	94.13								188.21
Breakfast		6.00	6.00							12.00
Incidentals		6.00	6.00							12.00
TOTALS \$	122.08	134.13	22.00							278.21

DATE	Mon Feb 22									TOTAL
Commercial Air Fare (d)	317.40									317.40
Parking, Auto	15.00									15.00
TOTALS \$	332.40									332.40

## Travel & Expense Account Summary & Detail

Trip/Expense Category	Trip Name	Date	Expense Item	Amount	Payment Type
Regular Travel	CMC/Sheriffs	02/03/10	Lunch	10.00	Cash
Regular Travel	CMC/Sheriffs	02/03/10	Dinner	18.00	Cash
Regular Travel	CMC/Sheriffs	02/03/10	Lodging	94.08	Cash
Regular Travel	CMC/Sheriffs	02/04/10	Breakfast	6.00	Cash
Regular Travel	CMC/Sheriffs	02/04/10	Lunch	10.00	Cash
Regular Travel	CMC/Sheriffs	02/04/10	Dinner	18.00	Cash
Regular Travel	CMC/Sheriffs	02/04/10	Incidentals	6.00	Cash
Regular Travel	CMC/Sheriffs	02/04/10	Lodging	94.13	Cash
Regular Travel	CMC/Sheriffs	02/05/10	Breakfast	6.00	Cash
Regular Travel	CMC/Sheriffs	02/05/10	Lunch	10.00	Cash
Regular Travel	CMC/Sheriffs	02/05/10	Incidentals	6.00	Cash
Regular Travel	Stark	02/22/10	Commercial Air Fare	317.40	Direct Charge
Regular Travel	Stark	02/22/10	Parking, Auto	15.00	Cash

**PASO ROBLES INN**

1103 SPRING STREET  
PASO ROBLES, CA 93446  
Phone: 805-238-2660

FAX: 805-238-4707

Account: 267121

Arrival: 02/03/10

Departure: 02/04/10

Room: 0606

Rate: 84.00

**KATE, MATHEW**

1515 S STREET SUITE 502 SOUTH  
SACRAMENTO, CA 95811

DATE	ITEM DESCRIPTION	COMMENT	DEBIT	CREDIT
2/3/2010	1 ROOM CHARGES	#0606 KATE, MATHEW	\$84.00	
2/3/2010	2 ROOM TAX	ROOM TAX	\$8.40	
2/3/2010	3 TOURISM ASSESSMENT	TOURISM ASSESSMENT	\$1.68	
2/4/2010	4 VISA	#0606 KATE, MATHEW		(\$94.08)
			<b>BALANCE DUE:</b>	<b>\$0.00</b>



EMBASSY SUITES  
 HOTELS®

Name & Address

CATE, MATTHEW  
 1515 S STREET, SUITE 502-SOUTH  
 SACRAMENTO, CA 95811  
 US

Room 351/KNGN  
 Arrival Date 2/4/2010 5:15:00PM  
 Departure Date 2/5/2010  
 Adult/Child 1/0  
 Room Rate \$84.00

RATE PLAN S-GVS  
 HH# 225330997 BLUE

Rates subject to applicable sales, occupancy, and other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. "I have requested weekday delivery of USA TODAY. If refused, a credit of .75¢ will be applied to my account." In the event of an emergency, I, or someone in my party, require special evacuation assistance due to a physical disability. Please indicate yes by checking here: ☐

NOTICE TO DEBIT CARD USERS: Please be advised that Embassy Suites Hotel® is not responsible for any overdraft caused by funds held by your bank to cover room and tax, plus estimated incidental amount of \$50.00 per day for your entire stay. Your bank will hold the funds for a minimum of three (3) business days from your checkout date.

Signature

Confirmation: 87171058

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DATE	REFERENCE	DESCRIPTION	AMOUNT
2/4/2010	1855541	GUEST ROOM	\$84.00
2/4/2010	1855541	OCCUPANCY TAX	\$8.40
2/4/2010	1855541	CALIFORNIA TOURISM ASSESSMENT	\$0.05
2/4/2010	1855541	SLO CITY TOURISM ASSESSMENT	\$1.68
		WILL BE SETTLED TO VS *1846	\$94.13
		EFFECTIVE BALANCE OF	\$0.00
<p>Hilton HHonors(R) stays are posted within 72 hours of checkout. To check your earnings for this or any other stay at more than 3,000 Hilton Family hotels worldwide, please visit <a href="http://HiltonHHonors.com">HiltonHHonors.com</a>.</p> <p>Thank you for staying with us. Visit <a href="http://embassysuites.com">embassysuites.com</a> for more information on hotel packages, subscribe to our E-announcements newsletter, or plan your next stay at close to 200 destinations.</p>			

COUNT NO.
RD MEMBER NAME
ESTABLISHMENT NO. & LOCATION
ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT
RD MEMBER'S SIGNATURE

DATE OF CHARGE	FOLIO NO. / CHECK NO.
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	0.00

HANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT - 1.5% PER MONTH INTEREST CHARGE WILL BE APPLIED TO ALL PAST DUE INVOICES.

Sacramento Int'l  
Airport

Card Account : XXXXXXXXXXXX1722  
Card Type : Visa  
Authorization Code : 200510

Cashier : 15 Seq # 7466  
License Plate : XX NOPLATE  
Ent : 07:50 02/22/10 Lane 37  
Exit: 15:02 02/22/10 Lane 52

FEE \$	15.00
AMOUNT TEND \$	15.00
CASH \$	0.00
CREDIT CARD \$	15.00
CHECK \$	0.00
CHANGE CALC \$	0.00

PAID AT CT \$ 15.00  
Taxes Included

\*\*\* Start Calculation Details \*\*\*

1 Day(s) @\$15.00 = \$15.00

\*\*\* End Calculation Details \*\*\*

\*\*\* Thank You \*\*\*

Sign : \_\_\_\_\_

Prizmich, Kathy@CDCR

**From:** Cate, Matt@CDCR  
**Sent:** Wednesday, February 17, 2010 5:10 PM  
**To:** Prizmich, Kathy@CDCR  
**Subject:** FW: Ticketless Confirmation - CATE/MATTHEW LOREN - QTC4CS

**From:** Southwest Airlines[SMTP:SOUTHWESTAIRLINES@LUV.SOUTHWEST.COM]  
**Sent:** Wednesday, February 17, 2010 5:10:11 PM  
**To:** Cate, Matt@CDCR  
**Subject:** Ticketless Confirmation - CATE/MATTHEW LOREN - QTC4CS  
**Auto forwarded by a Rule**



Receipt and Itinerary as of 02/17/10 7:10 PM

**Confirmation Number**  
**QTC4CS**



Confirmation Date: 02/17/10  
CID: 99209191  
Received: STATEOF CALIFORNIA BY ICBM

#### Passenger Information

Passenger Name	Account Number	Ticket#	Expiration <sup>1</sup>
CATE/MATTHEW LOREN	00000121413876	5262182997352	02/17/11

<sup>1</sup> All travel involving funds from this Confirmation Number must be completed by the expiration date.

#### Itinerary

**Depart:** SACRAMENTO CA to ONTARIO CA ( Travel Time: 1 hrs 20 mins )

Date	Flight	Routing Details
Mon Feb 22	# 2810	Depart SACRAMENTO CA (SMF) at 8:35 AM Arrive in ONTARIO CA (ONT) at 9:55 AM

**Return:** ONTARIO CA to SACRAMENTO CA ( Travel Time: 1 hrs 20 mins )

Date	Flight	Routing Details
Mon Feb 22	# 0103	Depart ONTARIO CA (ONT) at 1:30 PM Arrive in SACRAMENTO CA (SMF) at 2:50 PM

#### Cost and Payment Summary

Base Fare	\$275.34
+ Excise Taxes	\$20.66
<b>Advertised Fare</b>	<b>\$296.00</b>
+ Segment Fee	\$7.40

+ Passenger Facility Fee \$9.00  
+ Security Fee<sup>1</sup> \$5.00  
**Total Payment: \$317.40**

<sup>1</sup>Security Fee is the government-imposed September 11th Security Fee.

Current payment(s)  
02/17/10 Amer Express XXXXXXXXXXXX1015 \$317.40  
Fare Calculation:

SMF WN ONT137.67YL WN SMF137.67YL 275.34 END ZPSMFONT XT5.00AY9.00XFSMF4.5ONT4.5

#### **Fare Rule(s)**

All travel involving funds from this Confirmation Number must be completed by the expiration date. Any change to this itinerary may result in a fare increase.

#### **Important Checkin Requirement**

Passengers who do not obtain a boarding pass and are not present and available for boarding in the departure gate area at least ten minutes prior to scheduled departure time may have their reserved space cancelled and will not be eligible for denied boarding compensation.

#### **Southwest Airlines Co. Notice of Incorporated Terms**

Air transportation by Southwest Airlines is subject to Southwest Airlines' Passenger Contract of Carriage, the terms of which are incorporated by reference.

#### **Notice of Incorporated Terms**

#### **Additional Information for Travelers**

[Online Checkin](#) | [Free Baggage Allowance](#) | [Checkin Requirements](#)  
[Inflight Service](#) | [Travel Tips](#) | [Refund Information](#) | [Privacy Policy](#) | [Southwest Airlines Destinations](#)

We can [notify you of flight departure or arrival status via text messages](#) on your cell phone, pager, personal digital assistant (PDA), or e-mail account. Or, use our automated phone service by calling 1-888-SWA-TRIP.